

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY	
*07 JAN 10 P?:34	O58 Wyeth
STALL BY HAWAII	

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

DADTI LODDVICT	(Type or Print C	Jioaniyy	
PART I LOBBYIST NAME (Last)	(First)	(Middle)	TELEPHONE
Ozols	Audrey	T.	(602) 795-2635
MAILING ADDRESS (Street)		FAX	
6119 North 3rd Avenue		(602) 795-2398	
(City)	(State)	(Zip Code)	
Phoenix	Arizona	85013	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City) (State)		(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Wyeth	(484) 865-5134		
MAILING ADDRESS (Street)		FAX	
D4222 500 Arcola Road, E-DOCK	(484) 865-6420		
(City)	(State)	(Zip Code)	
Collegeville	Pennsylvania	19426	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Elizabeth Z. Bartz, President		(330) 761-9960	
MAILING ADDRESS (Street)		FAX	
State & Federal Communications, In	(330) 761-9965		
80 South Summit Street, Suite 100			
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	Pharmaceuticals		
· · · · · · · · · · · · · · · · · · ·	N OF LOBBYIST				
I hereby certify that the	e information furnished abov	ve is, to the best of my knowled	lge, correct and complete.		
(hud).	S/ball		1/9/0-		
(Signature of Lobbyist)			(Date)		
	((4)-9/12/12/04/		(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
Richard N. Winget	Vice President, State Government Affairs				
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE		
Wyeth			(484) 865-5134		
MAILING ADDRESS (Street)			FAX		
D4222 500 Arcola Road, E-DOCK		(484) 865-6420			
(City)	(State) (Zip Code)				
Collegeville	Pennsylvania 19426				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Rele	1 Wy		8/2007		
(Signature of A	uthorizing Officer or Person Repres	sented)	(Date)		

(Date)